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CHILDREN WITH EXCESSIVE FEARS

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A sample of 28 children with excessive fears, all under twelve years of age, is compared with a control group from the same outpatient psychiatric population. Demographic characteristics of the sample are discussed, as well as the nature and content of the fears, their context, and the degree of symbolization and displacement. A relationship between excessive fears and bedsharing is noted.

Almost all children experience fears in the normal course of development. A few children experience fears of sufficient intensity or duration that psychiatric referral is made or the fears are a predominant part of the child's psychopathology. The children studied were those with excessive fears, chosen from an outpatient psychiatric population. Demographic data were gathered about these children and were compared both to epidemiological studies of childhood fears and to a control group drawn from the same outpatient psychiatric population. In addition, the types of fears, the form and content of the fears, and dynamics significant to the child's personality were examined.

When clinicians discuss children with excessive fears, they often label these children as phobic. It is not uncommon in clinical practice to find the words *fear* and *phobia* used interchangeably. The word *fear* is defined by Redlich and Freedman [16] as occurring "when an appropriate stimulus can be linked with the affect . . ." However, the word *phobia* connotes an adult psychoanalytic model that includes a state of generalized anxiety, followed by a displacement of the anxiety to a symbolic object or act. The specific phobia may spread with time to include additional objects or situations. This model is infrequently observed in children with pathological fears. Children with morbid fears display varying degrees of displacement, and symbolization does not always occur. The anxiety is rarely contained by a pathological fear in a child, and is fre-

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quently overtly displayed. For these reasons, while neither *fear* nor *phobia* is a precise term, the author elected to use the more general term of "excessive fearfulness."

LITERATURE REVIEW

The boundary between "normal" childhood fears and fears in children that are labeled as pathological is obscure. For this reason, a brief review of the epidemiological studies of children's fears aids later comparison with the study sample. In Jersild and Holmes's [8, 9] comprehensive work, and in Lapouse and Monk's [11] studies, the object or situation the child feared strongly correlated with the child's age. In both studies they showed that younger children are more likely to show fears of noise (including thunder), lightning, strangers, and unfamiliar objects. Young children are more likely to have a fear of a specific animal, with the highest incidence peaking at four years and then declining in frequency. These epidemiological studies also indicate that an older child is more likely to express fears of the dark, death, being ridiculed, examinations, imaginary creatures, and robbers. The younger child had an increased number of fears compared to the older child. Perhaps childhood fears relate to one's ability to comprehend one's environment.

The sex of the child influences to some extent the content of the fear. In epidemiological studies girls were generally more fearful of strangers, boys of dangerous activities. However, these differences in content relative to the child's sex were few. The majority of fears were expressed with equal frequency by boys and girls.

Besides age and sex differences, there appears to be a possible socioeconomic source of differences in the *content* of children's fears.[1] Poorer children have more fear of the supernatural, of mysterious events, of parental quarrels, examinations, noise, and punishment. The children of parents of a higher socioeconomic class show more nebulous fears and worries, such as car accidents, juvenile delinquency, and school accidents. The fear of the darkness is observed equally through all socioeconomic groups. On the whole, significant differences have not been conclusively demonstrated in the *number* of fears of "upper" class children vs. "lower" class children.

The dynamic significance of phobias has been reported primarily in the psychoanalytic literature in detailed case reports of phobic children. Examples are Freud's [6] classic description of Little Hans, Bornstein's [3] description of Frankie, Sperling's [19] report of an "Animal Phobia in a Two-year-Old Girl," and Kolansky's [10] description of a three-year-old with an insect phobia.

The parental response to the child is a significant factor in the development of pathological fears. Colm [4] beautifully described the interaction of the phobic child with his parents. She feels that all real phobias carry strong hatred towards the parents and that the parents have provoked the hostility by unconsciously deserting the child or seducing the child to serve their own needs. The phobic children are vaguely aware of, but not fully accepting of, their hostility to their parents. The phobia serves as a self-punishment, an object to displace their feelings regarding their parents, and a mechanism by which the child can control the parents.

METHOD

In this study, the clinical syndrome of excessive fears was defined as one in which chart review indicated that a child spontaneously spoke of two or more fears with demonstrable affect during the course of an outpatient psychiatric evaluation. These fears had to be unrealistic in relation to the child's environment and maturity.

Since by definition the children had to speak of two or more fears, non-verbal children, such as certain autistic children, were automatically eliminated. Children who had excessive fears but declined to speak of them were also automatically eliminated. Thus, children who were reticent or oppositional tended to be screened out. This disadvantage was offset by having a group of children who could describe the object and nature of their fears. The sample, therefore, tended to contain those children whose fears were at an active, conscious level and who were free to discuss them spontaneously.

No attempt was made to distinguish between neurotic, borderline, psychotic, or other diagnostic categories. While school refusal can represent a composite of fears, for simplicity's sake, the children with "school phobias" were counted as having one fear. Thus, all school phobic children included in this study expressed one or more additional fears.

The requirement of a minimum of two fears in a child psychiatric population represents, to some extent, a limitation. One study [14] estimated that 11% of children in the general population have two or more fears. There is, however, no way to judge the affective response of children in a population group, while the children in this study were all tremendously affectively involved and felt under considerable internal pressure to discuss their fears. In fact, it appeared that the criterion of observable affect prompted the interviewer to describe the fear in the case report.

The case review was done in the following manner. During 1966–68, 867 children were evaluated at the Children's Psychiatric Hospital at the University of Michigan. After the initial psychiatric evaluation, each case was coded on both historical and behavioral variables. One item coded was "phobic symptoms," which, for all practical purposes, was used by the raters as synonymous with "fearfulness." Ratings were given as: 1) none or slight, 2) mild, 3) moderate, 4) severe, 5) predominant, 6) suspected but not confirmed, or 7) not known. The raters' psychiatric sophistication varied a great deal, ranging from that of a medical student to a senior staff psychiatrist, so that a rating of "severe" or "predominant" could be used only as a rough guide and did not guarantee a particular type of case.

Forty-four children, twelve years and under, were rated 4 or 5. By careful chart review, 28 of the 44 children met the author's definition of excessive fearfulness: 23 with overt fearfulness and five who were counterphobic and have been previously described.[15] Sixteen cases were rejected on the following bases: three were miscoded, four had realistic fears, five lacked any descriptive verification of the fears in the case history, three had only one fear described, and in one other case the fears elicited during the interview carried little affective investment by the child. Cases eliminated with realistic fears include a little girl who was afraid of her alcoholic and abusive father. Another child's realistic fears were related to an overtly psychotic

mother who was threatening to kill the child. The other two children with realistic fears included a youngster evaluated shortly after admission to the hospital for surgery of a recto-vaginal fistula, and a girl who was openly acknowledged by the parents to be in the middle of severe marital conflicts including a recent shift by the father from the mother's to the daughter's bedroom at night.

A control sample was taken from the outpatient evaluations done at the same psychiatric hospital. The first 28 cases evaluated beginning January 1, 1967 constituted the control sample. While this type of control group has limitations, it does allow comparison on some demographic variables within a psychiatric population. Both demographic data and dynamic factors need to be compared to the fears of normal children. For this reason, the population studies of children's fears are used.

CHARACTERISTICS OF CHILDREN WITH EXCESSIVE FEARS

The sample of children with excessive fears was compared with the control group with regard to age. The mean age in the two groups was 9.0 years (age range 4 years–12½ years) in the sample, and 8.1 years (age range 4½ years–12 years) for the control group. This was not statistically significant ($t=1.21$, $p=<.20$). Common fears expressed by children in epidemiological studies are more frequent in younger children. Thus, in age, the study group did not reflect the age trend of population studies but more closely resembled a general psychiatric outpatient group, from which the sample had been drawn.

The ratio of boys to girls in the two groups was different. The group of children with excessive fears contained 11 girls and 17 boys. The control sample had 4 girls and 24 boys. Statistically the $\chi 3.28$ is just short of .05 level of significance. Since most outpatient psychiatric clinics have twice the number of boys as girls, this difference is likely real.[17] It is also in agreement with the majority of studies, in which girls have been reported to have had more fears than boys.[14]

Social class was assessed by the Hollingshead [7] criteria. The occupation and the amount of formal schooling of the father determined the family's social class. There are five social classes in this system, with category 1 being the highest and 5 the lowest. The mean socioeconomic class ratings for the two groups were 4.0 for the sample and 3.7 for the control group. The difference was not statistically significant ($t=.26$, $p=.8$).

The sibship position of each subject was also ascertained for the two samples. There were eight first-born in the sample and ten first-born in the control group. Again, no significant difference could be demonstrated.

While the children in the study sample had expressions of fear as an important part of their psychopathology, other behavioral abnormalities were present. Diagnostically, 24 children were categorized in the neurotic or personality sub-classification of the American Psychiatric Association's Diagnostic Manual.[5] These 24 children exhibited a wide range of behavior disorders in addition to their fears: hyperactivity (four children), somatic complaints (four children) obsessive-compulsive traits (three children), in addition to encopresis, enuresis, learning difficulties, and obesity. The excessive fearfulness itself ap-

peared to be basically neurotically determined. Three children were diagnosed as borderline, and one child as psychotic. This range of behavioral problems is a common sample of the outpatient psychiatric population. The only difference between the study and the control groups was the presence of fearfulness. According to the previous definition, none of the children in the control group was excessively fearful.

A subjective impression from perusing the charts was that the children with excessive fears tended to have the onset of their fears associated with a definite historical event. For example, one child witnessed the slaughtering of a pet cow, another child connected the onset of fears with watching the Kennedy funeral on TV, while a third child's fears were associated with a brother's being sent to Vietnam. The children in the control group lacked specific anxiety-producing events followed by behavioral symptoms, and their fears generally had a more insidious onset. Most of the children who were excessively fearful seemed to have more than the usual amount of anxiety prior to the onset of the excessive fears, and a mild situational stress precipitated a more open display of fears and anxiety.

The fears of the children in the study group differed qualitatively and quantitatively from the epidemiological studies in three important aspects. These were: 1) the persistence or length of time the child expressed a specific fear, 2) the affective involvement of the children with their fears, and 3) a shift in emphasis in the contents of the children's fears.

The length of time a fear persisted was not well documented in the epidemiological studies. Three-quarters of the fears in Jersild and Holmes's [8] study did not last through a three-week reporting period; a longer follow-up was not available. While undoubtedly this population did contain a few children with intense, persistent fears, the majority of the children's fears were transient. All the children with excessive fears from the outpatient psychiatric group had long-lasting fears. A crude estimate of the minimum length of time that the fears of these children lasted is five months. This is based on the knowledge that the length of time from an intake call to completed evaluation at Children's Psychiatric Hospital is about five months. Many children with excessive fears were later hospitalized or seen in outpatient psychotherapy, so that the persistence of a particular fear lasting one or more years could be documented. Thus, a long duration of the fears in the sample group appears to be characteristic.

The data about the existence of the fears of children in epidemiological studies was obtained by specifically asking the child about specific fears, *e.g.,* "Are you afraid of thunderstorms?" The children in the sample spontaneously discussed their fears. Although affective involvement by the children in discussing their fears was a part of the original definition, only one child failed to satisfy this requirement. In all case histories, intensive affective involvement by the children was described. One can, therefore, surmise that the children in this study group were more affectively involved with their fears than the average child in the epidemiological studies.

The content of the child's fears, with the exception of the borderline and psychotic children, was superficially similar to the epidemiological studies. The emphasis was somewhat different in that a larger portion of the children in the

sample had fears of a parent dying, being in an accident at school, or suffering a personal injury of major proportions.

THE NATURE AND MEANING OF EXCESSIVE FEARS

The excessive fears of the children could be loosely divided into three categories: fears of abandonment, fears of mutilation, and sexualized fears. While most children expressed more than one type of fear, each of these three types of fear tended to have distinctive characteristics.

Fear of abandonment, in some form, was the most frequently expressed fear. Eighty percent of the children had fears of abandonment, appearing in both boys and girls with a frequency proportional to the ratio of boys to girls in the sample. Examples of this type of fear are "fearful of being left alone;" "afraid of mother leaving her;" "afraid of being left by her parents." Other expressions such as "afraid something will happen to mother" were unclear as to whether fear of abandonment or a displaced fear of mutilation existed; however, the history, in this case, was suggestive of fear of abandonment. The openness of these fears is self-evident. There was little evidence of displacement or symbolic substitution, and the fearful affect was still attached to the original object.

The derivation of the fears of abandonment in these children appears to come from two sources: 1) the child has a hostile dependent relationship with an overprotective mother, or 2) the child feels rejection by the parents with or without some reality basis.

The first type is exemplified by the mother who infantilizes the child by driving him to a school that is within reasonable walking distance of the home, or by insisting in always getting a babysitter for a twelve-year-old child. Evidence of hostility both in the mother and in the child's attitudes are apparent in the case histories, so that the fear of abandonment by the child may reflect a "wish" that the mother would leave or die, as well as a reflection of the child's own state of helplessness. Seductive attitudes in some mothers were noted. However, the existence of seductiveness by itself did not cause the children to express fear of abandonment. Only when the seductiveness coexisted with maternal overprotection did the child express fears of abandonment.

The second group of children felt rejected by their parents. For example, in the history of a ten-year-old girl, it was reported that her parents were sick and that she had lived with various relatives for a year. An element of realism certainly existed in this girl's case, even though there was a time lapse between this event and her present fears. Other parents were themselves preoccupied with illness, with the implication of possible death and abandonment of the child. Fear of abandonment appeared to be linked to overt or covert feelings of rejection by the child.

Often the fears of abandonment intensely increased at night and were associated with comments such as "fearful at night," "afraid of the dark," or "scary nightmares." In these instances it is difficult to disentangle fears of abandonment from sexual fears, and indeed they may represent a fusion of the two types of fears.

Eight children had fears in which the linkage to sexual anxiety was very clear. Possibly more children had such sexualized fears, but documentation was lacking. Sexualized fears were more often

displaced or expressed symbolically, in contrast to fears of abandonment. The content of sexualized fears tended to be distinctly different in boys and girls, unlike the fears of abandonment or mutilation. Fears frequent among girls included "fear of being kidnapped," "afraid someone will come in the night and rob and kill me," and "afraid of robbers." Boys expressed sexualized fears as "nightmares of monsters chasing me," and "afraid of dragons, dinosaurs, and especially gorillas."

Seventy-two percent of the girls in the sample expressed sexualized fears, compared with only 17% of the boys. Four of the girls expressing sexualized fears were ten years old, and one girl was eight years. This suggests that sexualized fears occur more frequently late in the latency phase of development, though a sample with a young mean chronological age would be needed to substantiate this impression. There are several possible explanations for the striking difference in incidence between girls and boys. Girls may be more prone to sexualized fears because of our cultural attitudes, although our culture tends to suppress childhood sexuality in both sexes. The possible origin of such fears as an expression of parental concerns or attitudes was not clear. Possibly, developmental issues are playing a role. Bardwick [2] feels girls have less opportunity developmentally to focus their sexual feelings in one area of the body and could, therefore, be more vulnerable to diffuse sexualized fears.

Slightly fewer than half the children expressed fears of mutilation, such as "frightened of scratches or injuries," "afraid of being bitten by bats or snakes" or "fears he might cut himself on glass." All three borderline children in the sample expressed fears of mutilation as their predominant type of fear. The fears of mutilation expressed by the borderline children were less reality oriented than in the neurotic children (*e.g.*, "afraid of flies and bugs" and "afraid of monsters catching him"). However, the bizarreness of the fear did not appear to be a dependable distinction between the borderline and neurotic children. For example, one borderline child's fears included "being attacked by a big dog" and afraid of being victimized by other children.

More girls (seven) than boys (four) expressed fears of mutilation. It is likely significant that the fear of abandonment occurs equally in boys and girls, while sexualized fears and fears of mutilation are more frequent in girls. The frequent combination in girls of sexualized fears and fears of mutilation lend support to the Freudian theory of the castration complex. Cultural attitudes toward girls are restrictive in the area of aggression, so that these impulses may be submerged and expressed in terms of fears, particularly fears of mutilation.

Seventy-five percent of the children had a marked increase in fearful behavior at night. Nightmares, night terrors, fear of the dark, and fear of sleeping alone were frequently reported. The increase in anxiety at night appears exaggerated over that generally observed in children in the evening. Both sexualized fears and fears of abandonment were easily augmented during the evening, a finding that is not surprising, since going to bed and falling asleep represent to some children a symbolic form of abandonment. The increase in sexual fears at night is likely related to the association of that time of day with sexual activity. In addition, children are fa-

tigued at night, and have less ego control. Two of the children in the sample dramatically illustrated the vulnerability of children to fears at bedtime. The onset of their fears precipitously began just before falling asleep. One of these children was spending the night at a friend's house, and her fears suddenly occurred after everyone else fell asleep. In this case, both fatigue and the realization of being alone away from home seemed to have ushered in her fears. Fears of mutilation, unlike other fears, did not increase at night. Pehaps, simplistically, the child feels safer from injury in the security of his home. The child who fears injury by a specific person, animal, or environmental misfortune (*e.g.*, stepping on glass) outside the home, has less chance of this occurring in his own home. However, fatigue and diminished ego control operate in these children as well. The psychological associations to nighttime may be the factors that are of greater importance. Nighttime has long been associated with sexuality, hence, the increase in sexual fears. Darkness, by reducing vision and requiring the child to remain in bed, can easily become associated with fears of abandonment. It would appear that the symbolic implication of night, perhaps with the help of fatigue and diminished ego control, serve to increase the child's sexual fears and fears of abandonment.

BED SHARING

Ten children in the study sample occasionally or consistently slept with their parents, in contrast to only three children in the control sample. Each case was checked and every child had available a bed of his own, so that any bed sharing was optional. While there is undoubtedly under-reporting in both samples, the difference between the groups is striking. Among the children with excessive fears, three other children slept with a sibling, again out of choice, not because of economic necessity.

When bed sharing is correlated with the type of fear, it appears equally frequent in fears of abandonment and in sexualized fears. It is less frequent in children with fears of mutilation. The distribution between boys and girls is roughly proportional to the ratio in the sample.

The dynamic significance of the bed sharing appears in some cases to relate to the content of the fears of the child. For example, a six-year-old boy was fearful his parents would be in an automobile accident. He was reported to sleep frequently in his parents' bed. An eight-year-old girl was afraid her grandmother would die in her sleep. When she awoke from a bad dream she would first go to her grandmother's bed. An eleven-year-old boy feared something would happen to his mother, and it was to his mother's bed he ran when he became frightened at night.

These three children were tightly constricted youngsters who had great difficulty expressing any aggression. One may infer that the need to go first to the bed of the person they had "fears" about was to check and see if they were living, *i.e.*, that their death wishes had not actually occurred. A similar mechanism is likely in the one psychotic youngster included in this study. She was a girl, age ten, who had nightmares of her siblings being injured. She refused to sleep unless a sibling slept with her. This girl was very aggressive towards her brothers and sisters, constantly picking on them. While the psychosis allowed some aggression to be displayed openly, she

still needed reassurance at night that her actions had not resulted in their deaths.

Sometimes the child's bed sharing may be a displacement. One eleven-year-old boy slept with his father because of nightmares of monsters chasing him. This boy repressed all anger towards his older brother. The onset of these nightmares occurred when the child's brother was sent to Vietnam, causing the mother to talk constantly about the likelihood of the brother's being killed. The father, in this situation, may well have been a replacement for the brother.

One would anticipate a possible relationship between bed sharing and sexualized fears. However, bed sharing occurred in children with all types of fears. There is no obvious relationship between the sex of the child, the sex of the parent slept with, and the child's fears. Note should be made that possible relationships are obscured, since six of the ten children slept with more than one person. Among these children, the bedmates were often of both sexes. Only one child shared the opposite sexed parent's bed and had sexualized fears. This eleven-year-old boy's terrifying nightmares were of dinosaurs, dragons, and, particularly, gorillas. However, this boy had little choice in selecting a bedmate, as his parents had been separated for many years.

The availability and willingness of an adult or sibling seems to be an important factor in the child's selection of a person to sleep with. These children went from bed to bed until someone let them stay. Thus, conscious or unconscious collusion with the parents' feelings about bed sharing is likely a significant factor. One mother illustrated this by flippantly commenting that they played "musical beds" in their family.

DISCUSSION

Both anxiety and fearfulness were seen in these children. Many children were overtly anxious during the interview, and their anxiety was not diminished by the expression of specific fears. Unlike adults, whose phobias can serve to bind off anxiety and thereby facilitate adaptation, these children's expression of fears (with varying degrees of displacement and symbolization) did not help them achieve more effective functioning. In fact, in some cases, the expression of fears appeared to trigger further regressive behavior.

Anxiety may relate to dependency, as shown in the studies of normal preschool children.[18] It is demonstrated that increased anxiety significantly increased dependent behavior and, in particular, the more immature forms of dependency behavior. The child, under heightened anxiety, attempted to get physically close to the mother. The case histories of the children in our sample frequently included comments of a proximity-type of dependent behavior—*e.g.*, that the child "sticks close to home" or "rarely leaves home to play." Sometimes the child showed physical clinging to the parent in the waiting room. Other times the child was noted sticking close to the mother or always wanting to be near the teacher or nuns. Bed sharing appeared in some ways to be an extension of a proximity-seeking type of behavior. The children would frequently sleep with mother, father, sibling or anyone who would let them. Boys would sleep in their father's or bother's bed as often as in their mother's or sister's.

Physical manifestations of dependency behavior are not unusual in pre-school children; however, their frequent use in a school-age child is mildly regressive. One wonders, then, if the expression of dependent clinging behavior would tend to hinder the mastery of anxiety by the child. By taking the omnipotent shield of the parent, anxiety is lessened in the child, but so are the opportunities to experience and master anxiety.

In addition, there was clear evidence that some of the mothers did infantilize their children. In Levy's [12] classical work on maternal overprotection, six of the twenty children in his group were bed sharers during their school-age years. All six were boys sleeping with their mother. He felt that the mother-child intense interaction in these boys prevented social contacts with peers and prevented the development of independent behavior.

It would appear that the ability of the child to handle fear producing stimuli, as evidenced by the existence of definite precipitating factors, was a highly important aspect in the development of excessive fears. The central role of the ego in handling fears is important. At night, with diminished ego control, the children's fears were augmented. In epidemiological studies, the older child has fewer fears than the younger child, which would suggest that ego development in general tends to help the child master fear. As the child becomes older this mastery occurs without direct reference to the mother. The excessively fearful children alleviate the immediate anxiety by close proximity to the adults, but at the expense of lessening the opportunity of an age appropriate behavior of handling fearful situations independently.

The origins of the child's fears appeared at least partially related to the type of fear. Fear of abandonment was a direct statement of concern by the child, which fits with the conscious and unconscious attitudes of the parents. The sexualized fears were more clearly related to the classic phobia with displacement and symbolism almost invariably present. The need to disguise the sexualized fears has several possible origins. These fears may relate to a later developmental phase in the child, and thus their expression guided by greater use of fantasy and language. It may also represent an unconscious collusion with the parents not to talk directly about sexual topics. Fears of mutilation would appear to occupy a position midway between the two previous types of fears. At times they were openly expressed, as fears of abandonment, and at other times expressed symbolically with displacement, as were the sexualized fears.

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